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UNDER ARTICLE 44 OF THE CONVENTION

Initial reports of States parties due in 1995

Addendum

ARMENIA

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Introduction

1. In addition to the provisions of the Constitution containing the basic principles regarding the defence of human rights, the National Assembly has adopted a number of laws aimed at providing further guarantees of the observance of human rights, including the Rights of the Child Act, which was passed on 29 May 1996.

2. The Republic of Armenia ratified the Convention on the Rights of the Child on 1 June 1992. The President of the Republic signed the World Declaration on the Survival, Protection and Development of Children on 6 July 1994 and the Decree on Protection of the Mother and Child on 28 March 1996.

3. The Republic of Armenia pays considerable attention to the defence of the rights of the child. Despite such serious problems as the terrible earthquake of 1988, the long blockade by neighbouring States, the influx of hundreds of thousands of refugees from Azerbaijan as a result of the conflict between Azerbaijan and Nagorny Karabakh, a profound energy crisis, the transition to a market economy, etc., Armenia remains true to a policy of economic reform, democratic change and integration into world economic and political structures.

4. In the disaster area, where hundreds of schools and kindergartens were partly or completely destroyed, new general education schools are being built, boarding schools are being fitted out and facilities are being developed for children left as invalids or orphans after the earthquake or armed border clashes.

5. Concern for children is at the centre of the Government's attention. In June 1996, the Parliament passed a special law on children's rights, and a standing National Commission on the Rights of the Child is being set up. Other activities in 1996 included the publication, with the help of the United Nations Centre for Human Rights, UNICEF, the National Centre for Democracy and Human Rights and the Norwegian Refugee Council, of a number of books on the rights of the child and of a special handbook for teachers. A guide to children's rights for pupils in the middle classes of general education schools is in preparation.

6. The present report describes in detail the legislative, administrative, judicial and other measures taken in Armenia regarding children's rights in the spheres of health and education. Where appropriate, it includes quotations from the country's Constitution and other laws. The report comprises the following sections: legislation; education and social security; health care.

I. LEGISLATION

Articles 5-9, 12-14, 16 and 18-21

7. Under Armenian law, the age of majority is 18. Civil competence is acquired at the age of 18, but article 11 of the Civil Code provides that, when the law permits marriage before the age of 18, a citizen who is below that age becomes legally competent to work from the date of marriage.

8. In setting 18 as the age of acquisition of full competence to work, the Civil Code simultaneously regulates the questions of the competence to work of minors below the age of 15 and minors between the ages of 15 and 18. Article 13 of the Code provides that minors between the ages of 15 and 18 may conclude contracts with the consent of their parents, guardians or adoptive parents. They may act independently in concluding small contracts on everyday matters, disposing of their earnings or pensions and exercising copyright or inventors' rights.

9. In the case of minors below the age of 15, contracts are concluded by the natural or adoptive parents or the guardian. Minors below the age of 15 may act independently in concluding small contracts on everyday matters.

10. Under article 35 of the Constitution, all citizens have the right to education. Secondary education in State educational establishments is free of charge. A minimum of eight years of attendance at a general-education school is compulsory.

11. The minimum age of criminal liability is 16. Article 10 of the Criminal Code provides that criminal liability may be incurred by persons aged at least 16 at the time of committing a crime. Persons who commit a crime when aged between 14 and 16 may be held criminally liable only in cases of: murder; grievous bodily harm; rape; robbery with violence or the threat of violence endangering human life; theft; malicious or particularly malicious hooliganism; destruction of, or damage to State, collective or citizens' personal property having serious consequences; seizure of weapons, munitions, narcotics or explosives; commission of deliberate acts capable of causing a train crash.

12. Should a court consider that correction of a minor who has committed a crime posing no great threat to society is possible without the imposition of a criminal penalty, it may decide on compulsory measures of an educational nature which shall not count as a criminal penalty: (public or other apology; issue of a reprimand or severe reprimand; warning; obligation, in the case of minors aged at least 15 who have their own income, to pay compensation for the damage caused; placing of the minor under the close supervision of his parents or persons acting in their stead; placing of the minor under the supervision of a work collective or social organization, if those entities so agree; education of the minor in a special educational establishment or medico-educational establishment.

13. Parents deprived of their parental rights lose over the child with regard to which the deprivation is ordered all rights based on ties of blood. Deprivation of parental rights does not release parents from the obligation to support their children.

14. If a parent deprived of parental rights systematically breaks the rules of coexistence, making joint residence impossible, he may be evicted without being allocated new accommodation (Housing Code, art. 94).

15. The law provides that, in order best to safeguard a child's interests, a court may, if living with his parents endangers the child, order that he be removed from them and placed in the care of a guardianship or curatorship authority.

16. The Criminal Code provides that criminal liability will be entailed for the following acts against a child's life, health or honour: sexual relations with a person who is aged under 16 or who has not attained sexual maturity; perversion in relation to a minor; entry into a de facto marital relationship with a person of less than marital age; failure to pay child support; substitution of one child for another; failure to assist a minor in distress; abduction or unlawful imprisonment of a minor aged less than 16; inducement of minors to use drugs; involving minors in criminal activity, drunkenness or games of chance; intoxication of minors.

17. The Armenian Supreme Soviet's Decision of 8 July 1981 on Priority Measures to Protect Women, Mothers and Children and to Strengthen the Family establishes a number of privileges for women.

18. The Armenian Civil Code lays down rules aimed at protecting children's interests in matters of inheritance. When a citizen dies, his heirs comprise not only those of his children who are alive at the time of his death, but also his posthumous children. The law also establishes a right to a mandatory share in an estate: the minor or disabled children of someone who has left an estate will, whatever the circumstances (size of the estate), receive their due share of it.

19. Armenian law defines the responsibilities of parents, guardianship and curatorship authorities and other organs and their rights and obligations as regards children's upbringing. The law on marriage and the family provides that a child's first name shall be chosen by agreement between its parents and that its family name shall be the parents' surname. When the parents' surnames differ, the child shall, by joint decision of its parents, be given either its father's or its mother's family name; if the parents cannot agree on the choice of name, the matter is decided by the wardship or curatorship authorities.

20. Parents have a duty to look after their children's upbringing, their physical development and their education and to prepare them for socially useful work. Parents are the legal representatives of their minor children before all bodies, including courts, and play, without need for special authorization in that regard, the role of defenders of the children's rights and interests.

21. Parents are required to settle by mutual consent all matters relating to their children's upbringing; where they cannot reach agreement, the dispute is resolved, with the parents' participation, by a guardianship or curatorship authority. Should parents living apart from each other not be subject, when unable to agree how they should share in their children's upbringing, to instructions from a guardianship or curatorship authority, the issue will be resolved by a court. When parents live apart, the question with which of them their minor children should live is settled by agreement between the parents. Parents living apart from a child have the right to contact with it and an obligation to participate in its upbringing. Grandparents have the right to contact with their minor grandchildren.

22. Parents are entitled to demand their children's return of any person with whom the children are living otherwise than on grounds of law or of a judicial decision. Bearing in mind the roles of parents and social agencies in the upbringing of children, the Criminal Code provides that when a minor's behaviour has the hallmarks of a crime posing no great threat to society, a decision may be taken to transfer the case to a juvenile cases board. The Code also provides that instead of being called to criminal account, minors may be placed under the strict control of their parents or persons acting in their stead or in special educational or medico-educational establishments. The duration and conditions of minors' presence in such institutions are decided by a juvenile cases board.

23. The President of the Republic issued his Decree on a Minimum Wage in the Republic of Armenia and on the Increasing of the Wages, Pensions and Allowances of Workers in Establishments on the State Budget on 31 March 1994 and his Decree on the Increasing of the Wages, Pensions and Certain Allowances of Workers in Establishments on the State Budget on 5 September 1994.

24. The question of a child's first name is governed by the law on marriage and the family. The patronymic is taken from the father's first name or, if the child was born to an unmarried mother and there is no joint declaration by the parents or court decision concerning paternity, the father's first name and the child's patronymic are registered as instructed by the mother. The cessation of marital relations between parents or the recognition of a marriage as invalid will entail no change in the children's family names. Should the parent with whom a child lives after the dissolution of a marriage wish to give the child his/her own family name, the matter shall be resolved in the light of the child's interests by a guardianship or curatorship authority. The registering of a change in a father's first name will entail a change in the patronymic of his minor children. The family name of a minor child will change if both the parents alter their family name. If the family name of only one parent changes, the question whether a child's family name should change must be settled by agreement between the parents or, failing such agreement, with the consent of a guardianship or curatorship authority.

25. Questions of citizenship are regulated by the Citizenship of the Republic of Armenia Act of 16 November 1995, which provides that a child whose parents were at the time of its birth citizens of the Republic of Armenia shall have Armenian citizenship, irrespective of its place of birth. In cases where, at the time of a child's birth, one of its parents was a citizen of the Republic of Armenia and the other a citizen of another State, the question of the child's citizenship is to be settled by written agreement between the parents. If one of a child's parents was, at the time of the child's birth, a citizen of the Republic of Armenia and the other parent is unknown or stateless, the child will be given Armenian citizenship. Children born in the Republic of Armenia to stateless parents are also given Armenian citizenship.

26. The Citizenship of the Republic of Armenia Act also regulates questions of children's citizenship in the event of change in their parents' citizenship. Thus, if aged below 14, the child of parents who have acquired Armenian citizenship is also given such citizenship. Should one of the parents of a child aged below 14 acquire Armenian citizenship but the other be

a citizen of another State or stateless, the child will be given Armenian citizenship if the parents so agree or, in cases where the child lives in the Republic of Armenia, if the parent who is an Armenian citizen so agrees.

27. A child living in Armenia whose parents are unknown is considered an Armenian citizen. Should a parent or guardian be identified, the child's citizenship may be altered in the above-mentioned way. A child who is an Armenian citizen and who is placed under the guardianship or curatorship of an Armenian citizen retains its Armenian citizenship even if its parents renounce theirs.

28. A child may renounce Armenian citizenship upon application from its parents, provided they have not been deprived of their parental rights.

29. Under Armenian law on marriage and the family, parents participate equally in the upbringing of their children. Parents may have their parental rights or their children withdrawn from them only in the children's interests in circumstances strictly defined by law and only by decision of a court. Guardianship or curatorship authorities may, upon application from parents who have lost parental rights, permit the parents to see the child concerned, providing such contact will not be harmful to it.

30. The interests of children living apart from their parents are protected by the Rights of the Child Act. Armenian corrective labour law establishes the following preferential conditions for contact between parents and minors serving sentences in corrective labour colonies: six short meetings a year; unlimited receipt and dispatch of letters; receipt of six parcels a year; for good conduct, additional meeting with parents, etc.

31. Children's rights freely to express their views are laid down in the Constitution of the Republic of Armenia, on the basis of the general principles of the fundamental human rights and rights of the citizen. The Rights of the Child Act provides that a child's views, beliefs and opinion merit attention commensurate with its age and maturity. The free expression by children of their views is also guaranteed by the Marriage and Family Code. In particular, the family name of a child aged 10 or more may not be changed without the child's consent, and 10-year-old children may not be adopted without their consent unless they lived in the adopter's household before the application for adoption was made and consider the adopter to be their parent. Under the Citizenship Act, the citizenship of children aged between 14 and 18 may not be changed without their consent. The Code of Criminal Procedure provides that children aged 14 or more have the right personally to participate in court hearings and to express their views.

32. There is no legislative regulation in the Republic of Armenia. In practice, there are children's broadcasts with participation by children and publications (the twice-weekly Kanch) that carry children's letters.

33. Pursuant to the Constitution (art. 23), the Rights of the Child Act and the Freedom of Conscience Act (17 June 1991), everyone has the right to freedom of expression, conscience and religion. This being so, the Armenian Apostolic Church has established Sunday schools. The law also provides for furtherance of the spiritual development of the Armenian people in State

educational establishments, on which basis school curricula include lessons in religion and arrangements exist for the publication and dissemination of relevant books, the holding of pilgrimages, the issue of end-of-year diplomas, etc.

34. The Rights of the Child Act provides that, in pursuance of his rights regarding privacy, family life, secrecy of telephone conversations and correspondence and inviolability of the home, no child may be subjected to arbitrary or unlawful interference or to unlawful attacks on his honour or dignity.

35. Every child is entitled the right to the protection of his honour and dignity. In corrective educational establishments, order is maintained through mutual respect, precluding humiliation of the children. Attacks by anybody, including teachers, on children's honour or dignity entail the liability provided for by law.

36. Parents' responsibility for their children's upbringing is laid down in the Constitution, marriage and family law, the Rights of the Child Act and criminal and administrative law.

37. Pursuant to the Marriage and Family Code, the protection of minors' rights and interests is an obligation for their parents. Parents must maintain their minor children and assist their disabled adult offspring if they are in need. Support payments may be levied on them for minor children. Parental rights may not be exercised to the detriment of children's interests.

38. Fathers and mothers have equal rights as regards their minor children both prior to, and after divorce. The Criminal Code provides that parents may be held criminally liable for wilful failure to pay court-ordered child maintenance.

39. The State furnishes parents and legal guardians with the requisite assistance in the form of children's homes, crèches and kindergartens, as well as through the organization and expansion of the network of children's day and boarding institutions, the provision of amenities and communal catering services, the payment of maternity benefits and the furnishing of assistance and the assignment of allowances and privileges to single mothers and large families.

40. Protection of the interests of the mother and child is guaranteed by the Decision on Priority Measures to Protect Women, Mothers and Children and to Strengthen the Family, which establishes the following privileges for working women: statutory pregnancy and maternity leave on full pay; State allowances; issue to a parent of a temporary release from work for the purpose of looking after a disabled child; granting of an extra day's holiday a month, with payment from the social insurance fund, etc.

41. Pursuant to the Rights of the Child Act, children are entitled to protection against all forms of violence (physical, mental, etc.). It is prohibited, including for parents and legal guardians or curators, to subject children to physical or mental pressure, torture or degrading treatment or punishment. The law obliges the State to take all necessary measures to

protect children against all forms of violence or exploitation, including: sexual perversion and inducement to: commit crimes; use or produce drugs or trade in them; or engage in begging, prostitution or games of chance, etc. The Criminal Code provides for liability for such acts.

42. Children are normally cared for and brought up within their families, but it can happen that a child is deprived of parental care or that it becomes preferable, in the child's own interest, for it to live apart from its parents. The law requires the State child-care authorities to ensure the care and upbringing of children deprived of parental care; this can be done through adoption or by placing the child in an appropriate children's institution. Among such institutions are children's homes and boarding schools.

43. The Rights of the Child Act provides that pensions shall be paid to the personal accounts of children who have lost their parents; the procedure for this is also defined by law. To ensure such children's full physical, intellectual and spiritual development and to equip them to live their own lives, all boarding schools, children's homes, etc. provide conditions similar to those in families and preserve the children's mother tongues, cultures and ethnic traditions and customs. The authorities in children's homes and suchlike institutions, as well as the organs of local government and the employment service protect the rights and interests of children who have lost their parents or who are wholly in the care of the State by providing housing, social insurance and job placement.

44. Under Armenian law, the care and upbringing of children deprived of parental care may be entrusted to a guardianship or curatorship authority. The Marriage and Family Code establishes the institutions of guardianship and curatorship for the upbringing and the protection of the personal and property rights of children who are left without parental care or are orphaned or whose parents are deprived of their parental rights or are ill.

45. Guardianship applies to children aged less than 15 and curatorship to children between the ages of 15 and 18. The local executive organs serve as the guardianship and curatorship authorities. It is compulsory for citizens and institutions to inform these authorities immediately about minors left without parental care. On receiving such reports, the guardianship and curatorship authorities must conduct an investigation and, if it is indeed found that there is no parental care, make temporary arrangements for the children's welfare pending settlement of the question of the appointment of a guardian or curator.

46. When a child does not live with its parents and the latter refuse to fulfil their obligations concerning its upbringing, guardianship or curatorship will be established over the child and the guardianship and curatorship authorities will be entitled to apply to a court for the withdrawal of parental rights. When parents are temporarily absent for some valid reason, the appointment of a guardian or curator is not mandatory if the parents have left the children in the care of relatives or other close acquaintances. When parents are absent for more than six months, guardianship or curatorship will be established over their children if that is necessary in the children's interest. Account must be taken in appointing a guardian or curator of the appointee's personal qualities. The following may not be

appointed guardians or curators: persons under the age of 18; persons recognized by a court as disabled or partially disabled; persons deprived of parental rights; previous adopters if they failed properly to discharge their obligations regarding the earlier adoption.

47. The procedure for adoptions is laid down in the Marriage and Family Code. Only minors may be adopted; the adoption must be in their interest and the consent of the local executive organs is required. Children aged 10 or more may only be adopted with their consent, the only exception being when the child lived with the adopters prior to the making of the adoption application and considers them its parents. Adult citizens of either sex may become adoptive parents, but persons who have been deprived by court order of parental rights or who are legally recognized as disabled or partially disabled may not.

48. A child who has parents may not be adopted without their written consent. Parents may consent to the adoption of their child with a specific person in mind as the adopter or may leave the choice of the adopter to the guardianship and curatorship authorities. Parents may withdraw their consent to adoption up until such time as the decision on adoption is taken. The parents' consent to adoption is not required if they have been deprived of their parental rights or are disabled or recognized as having gone missing without trace. Adoption may also take place without the parents' consent if they have been living apart from the child for more than a year and, despite having been warned by the guardianship and curatorship authorities, are evading their obligations regarding upbringing and care and show no interest in, or concern for the child. For the adoption of a child by one, not both of the partners to a marriage, the written consent of the other spouse is required. Such consent is not required if the other spouse is legally recognized as disabled or if the spouses have ceased marital relations or have been living apart from each other for more than a year or if the whereabouts of the other spouse are unknown. By the act of adoption, adopters and adoptees acquire the rights and obligations legally recognized to parents and children and adoptees and their descendants become equal to blood relatives in terms of their personal rights and property rights and their obligations towards the adopters and their kin. The confidentiality of adoption is guaranteed by law.

49. The Criminal Code provides that persons who divulge adoptions without the adopters' consent will be held liable for their action. Armenian law also provides that an adoption may be terminated or recognized as invalid if it was effected in breach of the legal requirements or without concern for the child's interest. The invalidity or termination of an adoption may only be pronounced by a court. This may be done upon suit from the parents or the adopter's spouse if the adoption took place without their consent and the court finds that return of the child to its parents would be in its interest. An adoption may also be terminated upon request from a guardianship and curatorship authority or a public prosecutor if the request is motivated by the child's interest. Before termination or declaring invalid the adoption of a child aged 10 or more, the court must ascertain the child's opinion on the matter. Terminating an adoption or declaring it invalid restores the reciprocal rights and obligations of the child and its parents and relatives and puts an end to the reciprocal rights and obligations of the child and the adopter and the latter's relatives.

50. Questions of a child's citizenship at the time of adoption are regulated by the Citizenship Act. A child who is adopted by citizens of the Republic of Armenia acquires Armenian citizenship. If one member of a married couple that adopts a child is stateless and the other is an Armenian citizen, the child acquires Armenian citizenship. If one member of a married couple that adopts a child is an Armenian citizen and the other is a citizen of another State, the child will be given Armenian citizenship if it lives in Armenia and both the adoptive parents agree. A child is a stateless person or, if it does not acquire Armenian citizenship, becomes a stateless person. The Citizenship Act also regulates the question of the citizenship of Armenian children who are adopted by foreigners. A child with Armenian citizenship who is adopted by citizens of another State or by a married couple one member of which is an Armenian citizen and the other a citizen of another State remains an Armenian citizen. In such instances, the child may change its citizenship only upon application from the adopter.

51. A child with Armenian citizenship who is adopted by stateless persons or by a married couple one member of which is stateless and the other an Armenian citizen keeps its Armenian citizenship. Armenian child law allows children who have been left without parental care to be adopted with a view to their removal to another State when they cannot be treated or cured. The Government has established a special procedure for the adoption of children who are Armenian citizens by citizens of other States.

II. EDUCATION AND SOCIAL SECURITY

Articles 18, 25, 26, 30-32, 35 and 40

52. The legal foundation for the organization of education in the Republic of Armenia comprises: the Constitution, which states that:

> "Every citizen shall have the right to education. Secondary education in State educational establishments shall be free of charge. Every citizen in a State educational establishment shall have the right, on a competitive basis, to free higher and specialized education. The procedure for the creation and functioning of non-State educational establishments shall be defined by law" (art. 35),

and the Rights of the Child Act, which provides that:

> "Every child shall have the right to education and to the selection of an educational establishment with his own consent and the consent of his parents or of any other legal representative. The relevant State organs shall create the necessary conditions for the manifestation of the child's personality and the development of his talent and intellectual and physical capacities and shall open general-education and specialized schools and sports, technology and arts centres. The relevant State organs shall devise and implement programmes to identify children's talents and to ensure their upbringing and education".

53. "Secondary education in State educational establishments shall be free of charge. Every child shall have the right, on a competitive basis, to higher or other specialized education in State educational establishments. The relevant State organs shall guarantee the necessary information and access to materials for children's education and special training" (article 2, The child's right to education).

54. In the current climate of social change, the Armenian education system is in a worrying condition. That is affecting the level and quality of education attained by the Armenian people during the Soviet era. The economic circumstances are such that a significant proportion of the pupils in senior classes are dropping out of school (In 1995, only 58 per cent of the pupils who started the tenth year of schooling completed it). The degree of assimilation of the curriculum has declined substantially - to only 30-40 per cent in the case of the basic subjects. The serious situation in schools is attributable both to the inadequacy of State financial support and to the fact that the school system is behind the times (the syllabus, textbooks and teachers' own training are out of date and teaching aids are too few).

55. Although the school system is now more clearly organized (elementary, basic and secondary education), criteria and a system for assessing pupils' knowledge are under development and the international system (bachelor's and master's degrees) is now in use in higher education, the Armenian education system is still in a phase of fundamental structural and qualitative change. The result is that, because of budgetary constraints, the number of kindergarten pupils has fallen during the present transitional period by a factor of 2.3 (see table 1), while the number of general-school pupils fell in the latest academic year by 3.1 per cent (2.6 per cent in towns) (see table 2). The number of girls in the senior classes has soared (55.5 per cent in 1995). These figures are a consequence of large-scale migration and of the growing involvement of young people in meeting families' economic needs.

56. In village schools, classes are small and the percentage of teachers with higher education is low. The decline in the number of special technical colleges (see table 3) is a consequence of the slump in industry, a sharp drop in the demand for labour and a slowness to react and lack of flexibility regarding job vacancies. Private secondary education has not yet developed beyond the embryonic stage: in 1995, there were in all just eight private teaching centres with 700 pupils. This situation is, of course, due to the absence of laws and the corresponding legal documents for the regulation of private education; that, in turn, is giving rise to a disorderly and not readily visible shift towards private education and is restricting freedom of choice.

57. Educational standards have fallen drastically, the upheavals in the sphere of education being directly linked to the social situation, which remains serious. Many teachers with a higher education, especially men, are leaving the profession. In 1994-1995, the number of teachers with a higher education fell by 15 per cent and the number of male teachers by 5 per cent. Every sixth teacher is of pensionable age and one out of every four teachers had had no teacher training before starting work. Currently, teachers with a secondary education account for 2.5 per cent of the profession. The number of

teachers in need of further training has therefore increased. In recent years, problems including curtailment of the school year because of cold weather, the loss of the best teachers, the high cost of textbooks, supplementary publications and school supplies and the limited scope for adding to the range of teaching materials have severely hindered schools' work.

58. The situation of educational establishments, teachers and pupils in the area hit by the earthquake is particularly bad. The tremors damaged or totally destroyed 277 school buildings and 245 kindergartens in 21 towns and villages and teaching premises and student accommodation at higher and secondary technical institutions in Gyumri and Vanadzor. Since 1989, thanks to the financial support received from various sources, including foreign countries and international organizations, it has been possible to open a total of 75 schools for 34,000 pupils and 49 pre-school institutions for 7,300 children. Thousands of teachers and educators and their pupils are still living in temporary shelters.

59. As regards the production of textbooks, an agreement has been signed between Armenia and the World Bank granting Armenia a long-term loan of 7 million dollars (1997-2001). Initial work on a textbook production project was done by a group of specialists from the Ministry of Education and Science. In October 1996, a programme was submitted to the Armenian Government and the World Bank for their approval.

60. At the suggestion of the Government and on instructions from the World Bank, consultants on textbook issues from International Book Development will provide professional assistance in setting up the programme. They have already implemented similar programmes in 150 countries, including the former Soviet Union. The programme for Armenia proposes a new form of textbook distribution, leasing. This bears some resemblance to the Soviet-era method of textbook distribution. Textbooks will be supplied to schools and distributed among the pupils with the idea that they will be returned to the library at the end of the year. Contrary to previous practice, the books will not be distributed free, but for a fixed fee representing a year's rental. This annual fee will be approximately equal to the price of the book divided by the expected number of years of use: in practice, textbooks are likely (bearing in mind the strength of, and wear on the materials, the need for curriculum changes and the publications and printing potential) to be in use for three years.

61. When the World Bank funding ends, the accumulated leasing fees, which will remain under the school's control, are supposed to be used for the production of further textbooks. The programme covers issues relating to the publishing, writing and distribution of textbooks, the procurement of raw materials, etc. It is being handled by the Ministry of Education and Science in accordance with approved criteria and programmes. The leasing scheme is intended only for textbooks that will be in use for a number of years. Another method of distribution (probably sale) will have to be found for exercise books that will only be used for a year each.

62. While every child now has access to free secondary education, it is less easy to receive free higher education because the State has cut back the number of free places. There has been a major positive development in the form of a fundamental change in the humanitarian component of education. New curricula and textbooks have been developed and a system of lectures bringing together all the pupils from the same year has been introduced in 150 senior schools.

63. Huge problems exist as regards both free and fee-paying higher education. In the case of State higher educational establishments, the numbers of students in day-, evening- and extramural-studies departments declined steadily throughout the period 1990-1995, falling from an initial level of 69,295 to 27,687. The number of female students also declined, although it rose again in 1995, to 54.4 per cent. In 1993-1995, students matriculated at higher educational establishments in 23 new disciplines; in contrast, some other disciplines are no longer being taught. Currently, higher educational establishments are providing instruction in 139 disciplines. In 1995, there were 42 licensed non-State educational establishments in the country and students at the 16 fee-paying State institutions were 6.5 times more numerous than in 1991. However, judging from the state of affairs in the private higher educational establishments, a switch to a fee-paying State system is overdue. It is clear that the fee-paying higher educational establishments are more adaptable to change and meet a market need.

64. In 1990, because of the economic crisis of the transition period (and the consequent budget cuts), State spending on education declined from 6.6 per cent to 1.3 per cent of gross national income (GNI). The fact is that preserving and developing the education sector was not a strategic priority at the time. As a result, there will have to be significant spending in the very near future if the economy's need for trained personnel is to be met.

65. In the 1996 budget, 2.5 per cent of GNI is earmarked for the education sector. Of this sum, 61 per cent is earmarked for elementary, secondary and higher education - a sign of the importance attached to the development of the individual. On the other hand, the "individual development" component of GNI corresponds to only $13.3 per head, a sum clearly inadequate to support comprehensive development. Furthermore, even the modest amounts in question enter the system late and often in tranches of unexpected size. This causes delay in paying teachers, financing the publication of textbooks, etc. Inevitably, all this has a negative impact on the quality of teaching and on staff/pupil relations. There is no denying, however, that individual investment in education is very highly prized; that is proof of parents' wish to give their children a proper education.

66. Given the right conditions and encouragement for the expansion of private higher education, the education sector could be made competitive and Armenia's considerable educational potential could be preserved. In the meantime, there are changes that could be made in this sector at no expense and that would help to improve the situation. For example, the elaboration and formal adoption of criteria for the State system would aid the development of the private sector.

Article 30

67. In Armenia, the rights of ethnic minorities are protected by the Constitution, article 37 of which provides that "citizens belonging to ethnic minorities shall have the right to the development of their own language and culture and the maintenance of their traditions". The process of the revival of ethnic minorities began after the proclamation of independence, as evidenced by the great interest shown in their languages, history, culture and religions. The Armenian Union of Nationalities was founded in December 1994 and provides a framework for resolving the problems of individual minorities. The Union comprises representatives of the Assyrian, German, Greek, Jewish and Polish communities, the "Oda" society, the "Garmoniya" international centre, the union of the Kurd intelligentsia, the "Ukraina" charitable organization, and the Russian compatriots' aid and support fund. The purpose of the Union is to assist State organs in preserving and developing the language, culture, education, traditions and religions of ethnic minorities. In general-education schools there are now 551 classes where a total of 8,814 receive a Russian education. Greek is offered as an optional subject for a total of 640 pupils in 18 schools. There is a Greek-oriented kindergarten in Erevan. In the Kurdish regions, 47 schools teach Kurdish to a total of 3,090 pupils. There is also a Kurdish Sunday school attended by 48 children. In villages with an Assyrian population, 24 schools teach Assyrian as an optional subject to 1,800 children. A total of 67 children attend a Ukrainian Sunday school.

Article 31

68. The Rights of the Child Act contains the following provisions:

Article 18. Right of the child to contact with cultural values

69. Every child shall have the right to contact and acquaintance with the history of its own people, traditions, spiritual values and world culture. Every child shall have the right to freedom of artistic, scientific and technical activity, to participate in cultural life, and to display its abilities and interests.

70. With a view to developing creative abilities, the State encourages the production of films and video films, television broadcasts, children's newspapers and periodicals, and books, and ensures that they are accessible.

71. The exaltation of violence and cruelty and the distribution of literature and media material apt to degrade human dignity, to influence children adversely, or to encourage crime are punishable by law.

72. Parallel to the network of educational institutions for children of school age, Armenia has extramural institutions, pre-school centres, resorts for young hobbyists and nature lovers, and sports schools (table 4). Erevan is also the site of the Ministry of Education and Culture's House of Culture, which houses 70 different clubs, and a national centre for aesthetic education, unrivalled in the Commonwealth of Independent States, with 350 associated clubs. As regards article 23 of the Convention on the Rights of the Child, the Armenian Rights of the Child Act states as follows:

Article 25. Care and education in children's homes and boarding schools

73. If it is not possible to arrange care and upbringing for children deprived of their parents, the State and appropriate State authorities shall assign the children to children's homes or boarding schools. A pension shall be payable to the personal account of orphan children in accordance with Armenian legislation. Children's homes and boarding schools shall afford family-like conditions for the full development of children's physical, mental and spiritual capacities. Responsibility for the legal protection of orphans' rights and the provision of orphans with housing, social insurance and employment shall be borne by the management of such institutions and by mayoral offices.

Article 26. The rights of invalid children and children with mental or physical defects

74. The State and State authorities shall afford invalid children and children with mental or physical defects free professional, psychological and medical assistance and the opportunity to obtain a basic and specialized education, social rehabilitation and so forth. Such children may at their own wish be educated in normal general-education schools.

75. The State and appropriate State authorities establish children's homes and boarding schools, organize activities for invalid children and see to the production of the equipment such children need. Armenia has 48 boarding schools with 9,000 pupils. These include 20 general physics and mathematics, music, sport and convalescent schools with 5,461 pupils, and 28 special boarding schools with 3,441 pupils (sufferers from deafness, poor hearing or eyesight, psychological disturbances, speech defects, mental retardation and so forth).

76. The Ministry of Education and Science has drawn up instructions for change in the boarding school system. The principal innovation has been to hold out the possibility of unrestricted choice of general-education establishment. A number of possible options are suggested:
(a) individualized curricula in general-education schools; (b) special classes; (c) special institutions within the education system. It is obvious that options (a) and (b) will both require new, specialist teachers. There are also plans to trim the seven existing types, consolidating them into the following groups: (i) with poor vision; (ii) with poor hearing; (iii) with serious speech defects; (iv) with skeleto-muscular defects; (v) mentally backward; (vi) displaying antisocial behaviour. At first glance it would appear difficult to arrange to teach such children in normal schools since additional resources will be needed. Schools are not yet ready for this. It is, however, considered more important to raise the question than to answer it, since this will make people look for ways to raise defective children in a normal environment. The originators of the proposal believe that new teaching, pedagogical, psychological, medical and social services in general-education and special-purpose schools should be fee-paying. Even boarding schools and after-school extension programmes should be regarded as social services to be paid for.

77. The Government's position is clear - not to allow a concentration of disadvantaged children to develop in individual schools. Apportioning socially disadvantaged children among a variety of schools will make it possible to treat the services (assistance) provided to them as social (fee-paying) services. Through the country's mayoral offices, the State takes care of the especially needy, having previously laid down the criteria for want of care. The last section of the instructions states that the list of services for socially disadvantaged children may be financed by the local authorities or charitable organizations through the intermediary or charitable and benevolent funds.

78. In the past, boarding schools and special schools were only for defective children and children deprived of parental care; they are now attended by children with parents, and by healthy children living on the fringes of poverty. In today's schools there is an increasingly pronounced social divide on economic grounds. This is a serious problem for most parents.

79. The Rights of the Child Act establishes children's right to essential living conditions, to work, and to the protection of their rights within the family and in society. The State and State authorities guarantee invalid children and children with mental and physical defects free medical, specialist and psychological assistance.

Pensions and benefits

80. Under the State Pensions Act, passed by the National Assembly on 6 December 1995, mothers under the age of 58 with four or more children under the age of eight are entitled, after five years' work experience, to receive a retirement pension on preferential terms. A social benefit is payable to children who have lost either one or both parents. Pensions and benefits are not subject to tax.

81. Benefits are awarded and paid to the following categories of children: children under 6; orphan and invalid children under 17; children of single mothers; and families with four minor children. The country has recently witnessed a polarization of incomes among the general public, as a result of which the situation of single mothers, who account for 2.6 per cent of households, has worsened. The number of children in single-mother households is 22,000. In all, 86 per cent of single mothers have one child, while 14 per cent have two. The Government also provides subsidies for non-working mothers with children under the age of two, and for working mothers during the post-natal period (140 calendar days).

82. The Government and local authorities are entitled, within their allotted budgets, to offer additional privileges and subsidies to families with children, the primary objective being to meet the needs of large families and families with invalid children, etc. A new system of privileges for pregnant and nursing mothers is being introduced. In all, 543 children (267 boys and 276 girls) are being raised in children's homes and other specialized children's facilities.

Social welfare for invalid children

83. Invalidity is determined by a commission of medical and labour experts. The State provides resources and equipment to facilitate life for invalids, and supplies hearing aids, wheelchairs, crutches, prostheses and orthopaedic devices free of charge. The State guarantees invalids a pension, assistance, home care, a job and so forth. Invalids, who are divided into three categories, are entitled to free high-quality medical care and free use of public transport. For communal services, radio, telephone and rent, they pay 50 per cent of the standard rate. Of the 18 risk groups registered in the Paros system, exactly one half relate to children.

84. Finding work for children and their mothers is at present a major social problem. Under the Labour Code, children under the age of 16 are not allowed to work. Fifteen-year-olds are taken on only in exceptional circumstances. Hiring youths under the age of 18 for work in particularly arduous, dangerous or underground occupations is prohibited. Children taking jobs before the age of 18 are subject to periodic medical checks. Night work, work outside school hours, and work on feast days and holidays is prohibited.

85. The Public Employment Act passed on 13 December 1996 defines a job-seeker as a person 16 years of age who, besides being unemployed, applies to the State employment service for work. Statistics indicate that, as of 1 October 1996, there were 5,621 unemployed youths under the age of 18 on the register.

86. Refugee children in Armenia enjoy the same rights as Armenian children, including the right to social protection. Every member of a refugee family receives humanitarian aid and can benefit from a variety of programmes and projects. The State sees to the provision of housing, work and schooling.

Table 1. Distribution of kindergartens by region

(Academic year 1995/96)

Region	Kindergartens	No. of children
1. Erevan	228	20 952
2. Aragatsotn	51	2 919
3. Ararat	85	4 626
4. Armavir	111	5 366
5. Gegarkunik	83	4 199
6. Lory	115	6 316
7. Kotaik	74	6 128
8. Shirak	74	5 947
9. Syunik	83	5 520
10. Vaiots dzor	26	1 159
11. Tavoush	64	2 608
Total:	994	65 740

Source: Ministry of Education and Science.

Table 2. Distribution of general-education schools by region

(Academic year 1995/96)

Region	Schools	Pupils	Graduates (8th grade)	Graduates (10th grade)
1. Erevan	216	161 684	15 342	13 082
2. Aragatsotn	126	27 516	2 271	1 645
3. Ararat	112	51 088	4 005	2 640
4. Armavir	120	52 605	3 680	2 978
5. Gegarkunik	128	47 976	3 915	2 918
6. Lory	170	55 655	4 653	3 360
7. Kotaik	113	57 656	5 014	3 337
8. Shirak	172	54 369	4 462	2 868
9. Syunik	120	26 091	1 814	1 687
10. Vaiots dzor	50	12 177	953	968
11. Tavoush	81	24 961	2 075	1 554
Total:	1 402	571 475	48 184	36 760

Source: Ministry of Education and Science.

Table 3. Distribution of special technical colleges by region

(Academic year 1995/96)

Region	Colleges	Pupils
1. Erevan	26	3 472
2. Aragatsotn	4	358
3. Ararat	4	599
4. Armavir	3	449
5. Gegarkunik	5	807
6. Lory	7	994
7. Kotaik	7	993
8. Shirak	10	1 674
9. Syunik	4	609
10. Vaiots dzor	2	178
11. Tavoush	4	541
Total:	76	10 674

Source: Ministry of Education and Science.

Table 4. Distribution of extramural facilities by region

(Academic year 1995/96)

Region	Extramural learning centres		Young hobbyists' resorts		Young nature-lovers resorts		Sport schools	
	No.	Groups	No.	Groups	No.	Groups	No.	Groups
1. Erevan	4	375	5	90	-	-	21	616
2. Aragatsotn	4	90	2	25	1	10	5	128
3. Ararat	5	198	-	-	-	-	5	167
4. Armavir	1	25	-	-	-	-	2	48
5. Gegarkunik	6	108	2	12	1	4	7	164
6. Lory	8	172	1	7	2	14	12	352
7. Kotaik	4	139	1	12	-	-	64	220
8. Shirak	7	145	2	28	2	20	14	392
9. Syunik	5	114	1	18	-	-	6	115
10. Vaiots dzor	9	40	-	-	-	-	3	75
11. Tavoush	5	135	-	-	-	10	5	114
Total:	52	1 541	14	187	7	58	86	2 386

Source: Ministry of Education and Science.

III. HEALTH CARE

Articles 3, 5-7, 10, 18, 23-25, 33 and 34

87. Health care for children and mothers in Armenia is under the auspices of the State, and the tactics and strategy for the development of mother and child health assume a State system of medical assistance. The legislative basis for child health, and indeed the health of the entire population, is the Armenian Constitution, which states that "The family, motherhood and childhood shall be under the cover and protection of the State" (art. 32).

88. Everyone is entitled to health care. The procedure for the provision of medical assistance and services is laid down in the Medical Assistance and Services Act (art. 34), which says that everyone in the Republic of Armenia, irrespective of nation, race, sex, language, religious belief, age, state of health, political or other convictions, social origins, or property is entitled to receive medical assistance and services. Everyone is entitled to receive medical assistance and services free of charge under the medical programmes established for that purpose by the State (art. 4).

89. When applying for medical assistance and services, everyone is entitled to:

(a) Choose the provider of such medical assistance and services;

(b) Require their application for assistance, their state of health and the investigation, diagnosis and treatment to be kept confidential, except in the circumstances laid down in Armenian legislation;

(c) Be informed about their illness and give consent to medical intervention;

(d) Refuse medical intervention, except in the circumstances laid down in Armenian legislation;

(e) Civil treatment and respect from the provider of medical assistance and services.

Article 18. Providers of medical assistance and services and their rights

90. Providers of medical assistance and services in Armenia are entitled to provide them in the manner they elect so long as they obtain a licence in conformity with Armenian legislation. In Armenia, the persons entitled to engage in medical practice are those who have the appropriate education and special training and hold a licence to engage in specified kinds of medical practice.

Obligations and responsibilities of providers of medical assistance and services

91. Providers of medical assistance and services are required:

(a) To give immediate first aid to anybody, irrespective of any assurance that they will be paid for doing so or of other circumstances;

(b) To ensure that the assistance and services they provide meet set qualitative and quantitative criteria;

(c) To provide information to anyone on the method or extent of, procedure for, or circumstances associated with the provision of any particular form of medical assistance and services;

(d) On request from those paying for their service, to provide essential information on the medical assistance and services provided to the patient, qualitative and quantitative information, and costs;

(e) To keep confidential the patient's application for assistance, state of health, investigation, diagnosis and treatment except in the circumstances provided for in Armenian legislation;

(f) To furnish statistical and other information under the procedures laid down in Armenian legislation;

(g) To show concern for the patient.

Providers of medical assistance and services who damage people's health or distribute information about people's state of health and persons engaging in unlawful medical practice will be held to account under the procedures established in Armenian legislation.

92. The Government of Armenia, in the form of the Ministries of health, social welfare and education, and the United Nations Children's Fund (UNICEF) have produced and published a "study of the situation of women and children", which sets forth clear goals for improving the health of children and women in Armenia up to the year 2000. The Ministry of Education has drawn up a comprehensive programme of improvements in child health, spelling out the main objectives as regards medical services for children and women. Priority areas include:

Improving women's post-natal health, and developing sexual health and family planning services;

Improving prenatal medical care;

Ensuring proper nourishment for children and women;

Improving the breastfeeding situation;

Preventing manageable infections;

Effecting changes in primary health care;

Improving medical and social arrangements for invalid children;

Improving care for orphans and children deprived of parental care;

Developing and introducing a new information- and analysis-based child-health monitoring system.

93. An analysis of the state of health of children and women (UNICEF 1994) has been used for the basis for the development and introduction of a series of health-care programmes extending up to the year 2000 with the following objectives:

Halving maternal mortality;

Reducing infant mortality by one third;

Reducing the number of low-birth-weight children;

Raising the breastfeeding rate by 50 per cent;

Ensuring proper nutrition for children under five, pregnant women and nursing mothers;

Defending the advances made in the campaign against controllable infectious diseases, and making further advances;

Improving services at general clinics, introducing the principle of bringing medical assistance as close as possible to the general public.

94. To accomplish these objectives, the Ministry of Health system is currently carrying out the following programmes:

A national fertility programme with two subprogrammes: improvements in prenatal assistance and perinatology, and sexual health and family planning;

A programme to combat diarrhoeal disease;

A programme to combat acute respiratory illnesses;

A national immunization programme;

A programme to encourage and support breastfeeding;

A nutrition programme for the under-fives, pregnant women and nursing mothers;

A programme to provide pregnant women with essential vitamins and iron products;

A rehabilitation programme for children with disabilities;

A programme to supply products for primary health care;

A programme to improve medical services in kindergartens and associated facilities;

A computer programme to monitor child mortality.

95. On 28 March 1996, responding to the demands and obligations deriving from these documents, the President of the Republic signed a Decree on the Protection of the Mother and Child.

96. Some disabled children in Armenia are under State tutelage and study at special institutions. Care for most children, however, is provided by their families. According to official figures, there are 7,000 children with disabilities under 16 years of age. There are in fact many more, since the list of children categorized as disabled was far from complete (on instructions from the former Soviet system).

97. The Ministry of Health has now drawn up and introduced a new list of medical instructions for the definition of disability, the use of which has increased the number of children benefiting from disabled status from childhood. It seems that the figure may rise further if account is taken of the fact that many parents who used to be ashamed of their child's condition did not apply for disability benefits or register their children. Nowadays, given the difficult socio-economic situation, the number of applications from parents for children to be accorded disabled status so that they can be put in State care, has increased. Under the old system, as a result of an excessively tight policy, children with disabilities were too isolated from society and were cared for in special, closed institutions (kindergartens, auxiliary and evening schools and boarding schools), where medical and social

rehabilitation were paid scant attention. The inappropriate public reaction to such children became a reason for them to be shut away within their families and not transferred to State care. In both cases children were deprived of the opportunity to live a normal life and associate with other children.

98. Today, rehabilitative therapy and socio-medical targets for the disabled are regarded as of primary importance, ranking alongside improvements in everyday living conditions for children. It is more important than ever to inculcate in society the feeling that disabled children are also full members of society, who are as active as their abilities allow, and that psychological rehabilitation - medical and social - must serve to facilitate this. This new policy is reflected in the Rights of the Child Act, article 26 of which states:

> "The State and appropriate State authorities shall afford disabled children and children with physical and mental defects free skilled medical and psychological assistance and the opportunity to receive a basic and specialized education, an occupation and social rehabilitation consistent with their abilities. Such children may at their own wish study in general-education schools. The State and appropriate State authorities shall establish for them special children's homes and evening institutions, take steps to reduce the number of disabled children (by providing therapy), and see to the production and supply of the devices and equipment disabled children need to lead active lives."

99. Traditionally, Armenian families have provided for the needs of disabled children themselves, which in the main has meant arranging care and attention. As the socio-economic crisis has grown, cases of parents rejecting disabled children and handing them over to the Government for care have become widespread. At present the Ministry of Health is against isolating disabled children from their families and society and caring for them in specialized institutions. It believes that a policy of leaving the children in their families and native environment and arranging active medical and social rehabilitation with active parental involvement is what is needed. Such a policy is extremely difficult to put into effect, for there is no special training, and no means for disabled children to get about (not all have wheelchairs, flats and schools have not been adapted for wheelchair use, and public transport has no facilities for travel by disabled persons). There are no special social services to help cope with the social challenges facing this sector of the population or for helping their families. As yet the challenges of fitting handicapped children into jobs and society, and providing them with an education and an occupation, have not been met. Under existing Armenian law, disabled children and their guardians enjoy specific privileges and receive financial support. This support, however, is minimal and does not cover real costs.

100. Medical care for children generally, and disabled children in particular, is provided in Armenia free of charge. The costs of looking after disabled children as they undergo therapy to restore them to health are borne by the State out of budgetary appropriations. Before the 1988 earthquake, rehabilitative therapy for children in Armenia was provided in the children's sanatoriums and rehabilitation departments of outpatient and residential

medical establishments operating within the Ministry of Health system. The principal means used were medicinal springs and natural climatic agents, but physiotherapy (with extensive use of electrotherapy) and therapeutic physical education were also employed. Under the old system kinesiotherapy in the broad sense was not used. Rehabilitative therapy was widely practised, particularly in the northern Caucasian resorts (Eupatoria, Essentuki, Saqi etc.).

101. Because of the earthquake and the influx of refugees from the Karabakh conflict, the children's hospitals ceased to function as such, filling up with refugees and earthquake victims. Since the collapse of the USSR there has been no opportunity to arrange treatment outside the Republic. Activity in recovery units has declined sharply for socio-economic reasons - just when these children's need for treatment (for disabled children, victims of natural disasters, patients at rehabilitation centres and so forth) has sharply increased. At the same time, these factors have in part helped to promote the current, continuing development of child rehabilitation services.

102. After the earthquake, efforts to arrange rehabilitation therapy for children were revived thanks to the activities of foreign experts and investment by international organizations in Armenia. Since 1989, the United States organization HOPE has been involved in an extensive range of activities. Initially, a large number of children were sent to the United States for rehabilitation, but treatment soon started to be provided locally. A child rehabilitation programme was drawn up with American colleagues and approved by the senior administration of the Ministry of Health: it provided training for the necessary experts (rehabilitation doctors, therapists, rehabilitation nurses, orthopaedists and so forth). An orthopaedic laboratory - the first in Armenia - was set up and sick children were given practical assistance. The programme was later expanded, with a child rehabilitation service being set up in Gyumri. In Erevan, the German organization ADRA built a child rehabilitation centre where HOPE later consolidated its activities. The programme was localized and personnel training continued through the efforts of local experts. The network of rehabilitation services gradually spread through the Republic. The Oshakan Child Rehabilitation Centre was established in 1994 for children with defects of the skeleto-muscular system and for children injured in military action. International organizations have stepped up their activities in child rehabilitation programmes. In the specialist children's homes in Gyumri and Kharberda, medical and psychological rehabilitation programmes for disabled children are being carried out by Belgian and Greek branches of Médecins sans frontières and the Finnish organization Patmos. In 1995 the United States organization Medical Outreach and the Ministry of Health signed an agreement setting up a programme entitled "The future of helpless children in Armenia", which calls for better medical and social rehabilitation for mentally backward children.

103. While applying the experience of the international community, Armenia has gradually adopted new methods of organizing rehabilitation: it takes a comprehensive approach to problems and devotes great attention to kinesio therapy. The rehabilitation of disabled children is now carried out by a team, with the child and its family at the centre. The parents are actively involved. Each team comprises a rehabilitation doctor, a therapist,

a rehabilitation nurse, a prosthesis technician, a teacher and a psychologist. Neuropathologists, orthopaedists, plastic surgeons etc. are called in as necessary.

104. A child's right to medical services in Armenia is laid down in the following legislative acts.

Rights of the Child Act

Article 7. The child's right to maintenance of health

105. Every child has a right to the maintenance and improvement of its health. State bodies shall give effect to the child's right to free medical services and carry out State programmes for the purpose of maintaining children's health.

Medical Assistance and Services Act

Article 10. The right of the child to medical assistance and services

106. Every child has a right to receive free medical assistance and services under specially designed State health-care programmes.

The health-care system - structure and network

107. Armenia is divided into 11 provinces, which comprise 51 administrative and territorial districts: 37 rural and 14 urban (including 8 districts in the capital). Each district centre has its own health department, and each district and village has its own communal council. Medical care for the general public, particularly children and mothers, is provided by institutions under national, municipal or district supervision:

(i) Medical institutions under national supervision provide in-patient and consultative (out-patient) care for children and mothers from all over the country.

(ii) The principal institutions under municipal supervision providing care for children and mothers are: children's hospitals, children's general clinics, maternity homes and prenatal clinics.

(iii) Institutions subordinate to the municipalities (provinces) are: the central hospital and general clinic normally to be found in each provincial centre, village hospitals, and out-patient, paramedical and midwifery stations in the villages.

108. Alongside the central hospital departments, there are obstetrics and gynaecology and paediatric departments. The central general clinics have prenatal and children's clinics. Depending on population size and geographical conditions, villages may have:

(a) A village hospital, providing out-patient care and, where necessary, in-patient care with a limited number of maternity and paediatric beds;

(b) A village out-patient clinic providing out-patient care for the general public, in particular children and mothers;

(c) Or a paramedical and midwifery station providing out-patient services within the village.

109. The health-care system has from the outset had a preventive slant. Medical care is generally provided on a geographical basis. Each department in a general children's clinic serves between 500 and 800 children aged between 0 and 14.

110. It has been accepted that medical care should be organized in stages, from the village up to the national level, depending on the seriousness of the disease. Medical services in-patient and out-patient care for children and mothers are provided by various groups of doctors. Thus, medical care for the nation's children is provided through the following services: an in-patient service, the out-patient services at general clinics, and a system of sanatoriums. The in-patient care system for children includes 15 independent children's hospitals, 6 of which operate at the national level, 9 municipal hospitals in towns, and 45 children's departments, 37 of which function within district or urban hospitals, and 8 as part of research centres or other institutions. There are 4,866 children's hospital beds of which 2,645 are at specialized research institutes or centres. A significant proportion of the specialized beds are in municipal hospitals, mostly in Erevan, but being unique in the Republic they are offer specialist medical care to the entire child population.

111. Out-patient care for children at general clinics is offered through specialist departments and offices at 192 general clinics, 9 of them independent general children's clinics in Erevan. The health-care system in Armenia employs 2,029 paediatricians, of whom 169 are neonatologists. Under the authority of the Ministry of Health there are 10 children's health resorts; one is seasonal. Medical care for the rural population is provided through 603 paramedical and midwifery stations, 37 regional hospitals, 44 village hospitals and 218 village out-patient clinics. This structure makes medical care for children accessible, starting with the rural and district institutions and ending with specialized centres offering highly skilled care. The system is currently undergoing an economic and legal transformation with the objective of adapting health-care institutions to the general economic situation in the country. Preventive-care establishments have the status of State institutions. All the care they provide is financed by the State through budget appropriations.

112. The objective of the organizational, legal and economic changes in health-care establishments is to instil some order into payments for services and the conditions under which medical care is provided for the general public. A start has been made on the development of a private sector in health care and the privatization of medical institutions. The impact of this trend on medical services for children, however, has been minimal.

113. Armenia has average child mortality. Mortality among girls is lower than among boys.

Table 5. Child mortality in Armenia, 1980-1995

(Mortality among children under 1 year of age per 1,000 live births)

	1980	1985	1987	1990	1991	1992	1993	1994	1995
Total	26.2	24.7	22.4	18.5	17.9	18.5	17.3	15.07	14.23
Boys	27.7	25.5	23.8	20.5	19.0	21.2	18.7	16.8	15.7
Girls	24.5	23.9	21.7	16.1	17.0	16.5	16.6	13.2	12.6

Source: State Statistical Authority.

Mortality among children under five

114. As table 6 shows, mortality among the under-fives has declined for both girls and boys over the past 10 years.

Table 6. Mortality among children under five, 1980-1994

(Mortality in children under 5 per 1,000 live births)

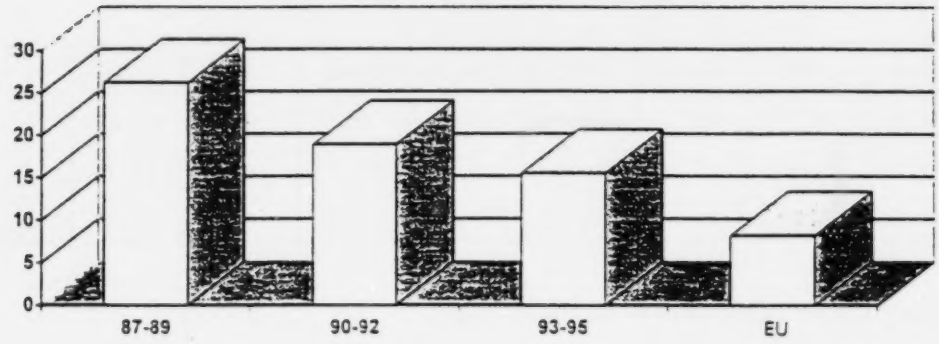
	1980	1985	1987	1990	1991	1992	1993	1994
Total	37.38	34.69	31.89	23.7	22.6	24.2	24.2	21.3
Boys	39.38	35.41	21.79	26.2	24.0	26.6	24.7	22.8
Girls	35.28	33.95	30.92	21.2	21.2	24.7	23.5	19.7

Source: State Statistical Authority.

115. Although child mortality has declined markedly in recent years (figure 1), the rate for 1995 is significantly higher than the European average (8.21 per thousand live births). It meets the goal of the Eastern European countries (no more than 20 deaths per 1,000 newborns) and is significantly lower than the average among the former republics of the USSR (22 per thousand).

116. It should be noted that the concept of child mortality in Armenia and all the former republics of the USSR differed from the generally accepted definition. The birth of a child before the twenty-eighth week of pregnancy was treated as a miscarriage.

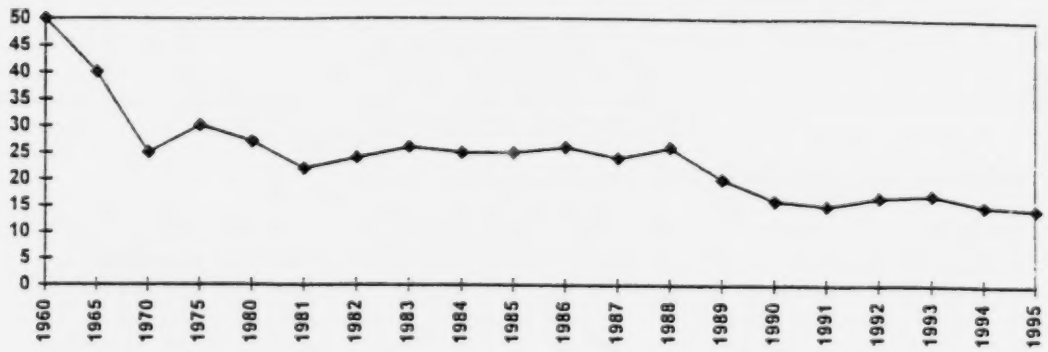
Figure 1: Child mortality in Armenia (0-1 year, 1987-1995, per 1,000 live births)



Source: State Statistical Authority.

	1987-1989	1990-1992	1993-1995	EU
Armenia	26.2	18.9	15.5	8.2

Figure 2: Child mortality in Armenia (0-1 year, 1987-1995, per 1,000 live births)



Source: State Statistical Authority.

117. The criteria for live births also differed from those established by WHO: at least one breath had to be observed for the child to be considered live-born. When a heart beat and independent movements were observed but there were no signs of breathing, the case was treated as a stillbirth (and therefore was also not included in recorded cases of child mortality, although it was included in the concept of perinatal mortality as a stillbirth). An attempt has been made by I.N. Komarov to re-evaluate the official data.

According to his calculations, the figure for Armenia was 30.1 per 1,000 in 1987 (the official data for that year being 22.6 per 1,000). Using the ratio obtained by Komarov, for 1950 the implicit average is 24.3 instead of 18.5 per 1,000. The under-five mortality rate, according to the official data, was 24 per 1,000 in 1992. Using the Komarov adjustment (official data for the average rate + 33 per cent thereof + mortality rate for 1 to 4-year-olds), we obtain the real under-five mortality rate for 1990, i.e. 29.3 per 1,000.

118. Since 1995 the Republic of Armenia has been applying the new WHO criteria, whereby a newborn is counted as a live birth, irrespective of gestational age, when breathing, a heartbeat, pulsation of the umbilical cord or muscular movement is observed.

Table 7. Child mortality in Armenia by geographical area, 1989-1992

Districts and towns	Number of births	Number of deaths	Child mortality rate
Erevan	88 413	1 815	20.5
Ararat area	80 088	1 414	17.5
Shiraki area	35 259	639	18.1
Agstev	12 794	255	19.9
Lari-Pambak	31 564	531	16.8
Sevan	35 933	689	19.2
Syunik	20 123	321	15.9
Total	304 174	5 664	18.6

119. Regarding the incidence of child deaths by cause, diseases of the perinatal period rank first (accounting for 1 in 3 deaths of children under 1 year of age), respiratory infections, including pneumonia, rank second (1 in 4 cases), and enteric infections and congenital malformations rank third and fourth (1 in 8 cases).

120. It can be seen from table 8 that more than half of the deaths occur in the neonatal period (0-28 days). A particularly large number of these cases occur in the early neonatal period (0-6 days). The perinatal mortality rate has been relatively stable at 13-18/1,000 in recent years. Causes: asphyxia (half of all cases), congenital malformations, respiratory distress (haemolytic illnesses, etc.). Other causes include congenital pneumonia, in utero damage and infectious diseases of the perinatal period.

Table 8. Age-specific and cause-specific child mortality

	1988	1989	1990	1991	1992	1993	1994	1995
Child mortality (0-1 year, per 1,000 live births)	25.3	20.4	18.5	17.9	18.5	17.6	15.4	14.8
Perinatal mortality	17.7	18.0	16.0	16.3	15.8	15.3	14	13.0
Age-specific child mortality (per cent of total child mortality) in early neonatal period	36.8%	-	38.2%	-	37.6%	43%	44.4%	45.6%
Total neonatal	45.2%	-	49.0%	-	47.8%	50%	50.4%	52.7%
Post-neonatal	54.8%	-	51.0%	-	52.2%	50%	49.6%	47.3%
Incidence of child deaths by cause (deaths by specific cause per 1,000 cases) Respiratory diseases	6.0		4.8		4.8	4.6	3.8	3.2
Enteric infections	2.6		2.2		2.5	2.2	1.8	1.7
Perinatal diseases	10.2		6.1		5.9	5.8	5.9	5.7
Congenital malformations	2.5		2.5		5.9	1.9	1.8	2.4
Cause-specific mortality (per cent of total mortality)	24.1%		25.9%		25.9%	26.4%	24.8%	21.8%
Respiratory diseases								
Enteric infections	10.3		11.9		13.5	12.2	12.0	11.6
Perinatal diseases	40.3		3.3		32.4	33.0	38.8	38.4
Congenital malformations	9.9		13.5		13.0	11.0	11.6	16.3
Other malformations and causes	15.0		15.0		15.0	15.0	12.8	

121. Article 2 (a) of the Medical Assistance and Services Act provides that primary health care, as a form of medical care and service based on methods and technology available to all free of charge, is guaranteed by the State. The changes which have been taking place in recent years are largely aimed at improving primary health care, reducing hospital (in-patient) beds and encouraging respecialization. The principles being applied are accessibility of medical care to the population, non-hospitalization of children at an early age and the organization of medical care in the home. Given the present level of education and availability of paediatricians, the introduction of the family physician model is expedient only for the rural population.

122. The five main child mortality-reduction and disease-prevention programmes (programme to control acute diarrhoeal diseases; programme to control acute respiratory infections; nutrition programme for under-fives, pregnant women and nursing mothers; breastfeeding programme and immunization programme) are directed towards providing primary health care. It is proposed at this stage to increase doctors' knowledge and broaden their rights and to supply children's clinics with drugs. All the programmes have a social thrust and are aimed at improving health education for mothers.

123. In general, the existing structure of the health-care system has been preserved and new functions are being introduced, drawing on the experience of international organizations (WHO, UNICEF). The statistics provided by the health authorities show that morbidity per 100,000 inhabitants increased in 1988-1991, both among adults and among children. Beginning in 1992 and especially from 1993 onwards, the general morbidity rate declined considerably, although there was an increase in the number of cases of some diseases. While precise data are not currently available, there appears to be a downward trend in the morbidity rate. This may be attributable to a number of factors:

Contacts with physicians and hospital admissions have decreased sharply (causes: lack of communications and transport, difficulties of obtaining food and medicaments);

Statistical data collection and recording has deteriorated.

124. The fact that morbidity has actually increased rather than decreased is confirmed by the general death rate for all age groups. There is an increased incidence among adults and adolescents of disorders affecting the nervous system (including the peripheral nervous system), the endocrine system, metabolism or nutrition, as well as of disorders of the immune system and diabetes. Among the cardiovascular diseases, there has been a particularly large rise in the number of cases of hypertension, myocardial infarctions and chronic ischemic cerebral disease.

Table 9. Incidence of disease with confirmed diagnosis

(a) Adults and minors	1988	1989	1990	1991	1992	1993	1994
Per 100,000 inhabitants	20 946.3	28 526.6	278 274.4	25 998.0	21 686.4	17 750.8	16 177.9
(b) Children aged 10-14	1988	1989	1990	1991	1992	1993	1994
Per 100,000 in age group	44 258.6	52 032.6	50 061.1	44 503.8	34 611.8	30 675.9	24 772.9

Source: Ministry of Health.

125. The incidence of nervous or psychic disorders, disorders of the respiratory system and diseases of the urinary tract has increased among children. The incidence of traumas affecting children remains high. Data concerning the morbidity of newborns per 1,000 live births are relatively reliable:

1985	1987	1990	1991	1992	1993	1994	1997
93	100.4	109.8	111.9	98.6	106.3	107.1	112.7

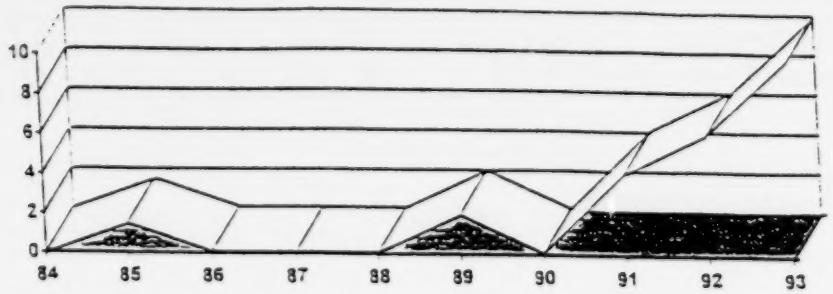
By comparison with 1995 the general morbidity rate for newborns rose by almost 12 per cent. The number of premature babies has also risen, especially in the period since 1990:

Prematurity	1985	1987	1990	1991	1992	1993	1994	1995
	61	57	56	56.5	62.8	63.5	58.3	62

126. The ministries and the national academy of sciences in the Republic of Armenia have their own separate networks of institutions which monitor the environment, performing specific tasks within their respective terms of reference. The machinery for coordinating these services is unsatisfactory, making it difficult to obtain an overall picture of environmental pollution. The Republic of Armenia has a vast number of sources of industrial air pollution (road transport, power generation, production of chemicals, construction materials and non-ferrous metals). These sources together release 750,000 tonnes of pollutants into the air each year.

127. Meanwhile, the control equipment has become less effective and more use is being made of leaded petrol. Typical air pollutants are ash, oxides of nitrogen and hydrogen, some hydrocarbons and tin. Respiratory diseases are more prevalent than other groups of diseases. In recent years, owing to the difficulties of replacing old water pipes, contamination of drinking water and failures in the water supply system, there have been serious outbreaks of infectious diseases (mainly diarrhoea - Flexner's dysentery - and typhoid fever). Only two such outbreaks (one of each kind) occurred in 1985-1991, but there were five in 1992 and nine in 1993 (fig. 3). The situation was more favourable in 1994-1995, with only one outbreak.

Figure 3. Outbreaks of water-borne diseases, 1985-1993



As early as 1922 the Armenian Parliament passed the Sanitary and Epidemiological Safety of the Population Act. The Ministry of Health and UNICEF are implementing a safe drinking water programme.

128. Medical services for pregnant women include in-patient and out-patient care. Women can register at prenatal clinics (out-patient care) from the second week of pregnancy and they have 9-10 check-ups during pregnancy. The performance of the prenatal clinics has deteriorated, the number of contacts with physicians has decreased and complications during pregnancy and cases of difficult births have increased. The number of pregnant women under observation was 17.6 per cent lower in 1993 than in 1992. The proportion of pre-eclampsia and eclampsia in late toxicosis cases has increased significantly (2.3 per cent in 1980, 3.8 per cent in 1990, 7.1 per cent in 1993 and 6.9 per cent in 1994).

129. Births generally take place in maternity hospitals. However, because of the economic crisis in recent years there has been a considerable increase in the number of births at home, which are not always attended by qualified physicians.

Percentage of births in the home

1985	1987	1990	1993	1994	1995
0.7	0.6	0.3	4.5	6.5	7.2

130. Maternal mortality (per 100,000 births) is a basic measure of obstetric and gynaecological care. In recent years this indicator has been as follows:

1980	1985	1990	1992	1993	1994	1995
27.0	26.1	52.6	21.2	40.6	33.2	30.6

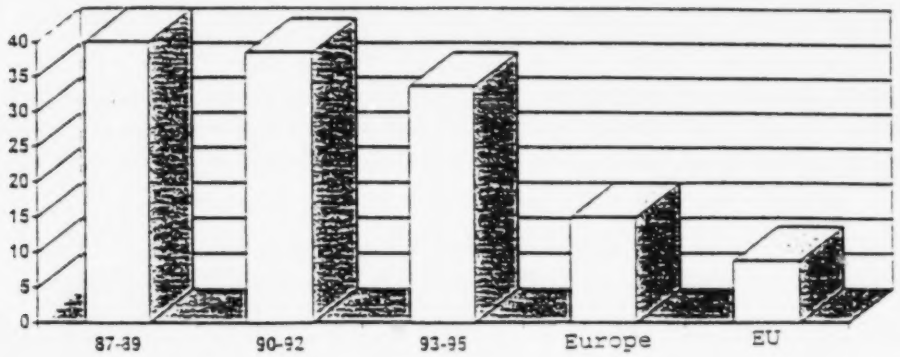
Year-to-year variations are attributable to the country's small population. The figures give a more reliable and accurate picture when averaged over periods of three years (table 10 and figure 4).

Table 10. Maternal mortality in Armenia (1987-89, 1990-92 and 1993-95)

Year	Number of live births	Number of maternal deaths	Maternal mortality
1987-89	227 401	91	40.0
1990-92	228 625	88	38.5
1993-95	159 205	56	36.2

131. The three-year averages show that the maternal mortality rate fell from 40 in 1987-1989 to 38.5 in 1990-1992, and to 36.2 in 1993-1995 (provisional data for 1995). Despite the downward trend, however, the indicator is well above the WHO target for Europe - i.e. no more than 15 deaths per 100,000 births for Europe as a whole or 25 for any one country. Maternal mortality in the Republic of Armenia exceeds the average level for Central and Eastern Europe (24.0/100,000) and the European Union (8.8/100,000), but is lower than that for countries of the former USSR (40.1/100,000).

Figure 4. Child mortality 1987-1995 (per 100,000 live births)



Source: Ministry of Health, WHO, Stephenson and Wagner.

	87-89	90-92	93-95	Europe	EU
Armenia	40	38.5	33.6	15	8.8

132. The indicator is higher in rural areas (40.0/100,000). This is attributable to the lack of specialized medical services. Most of the deaths occur in the 20-29 age group (75 per cent of cases).

133. The immediate causes of maternal mortality in all parts of the world are the same: haemorrhaging, eclampsia, abortion, sepsis, difficult births). The commonest causes in the Republic of Armenia are haemorrhaging, hypertension, eclampsia, infections and abortions. During the puerperium, mothers are monitored at prenatal clinics for 40 days after giving birth, and the newborns are monitored in children's clinics. Infants receive 14 check-ups between the third day and one year of age.

134. Women are granted a number of privileges under the present legislation in view of their unique role in the development of the Republic, as well as for reasons of physiology, health and motherhood. The Marriage and Family Code of the Republic of Armenia specifically establishes the equality of women and men in family, personal and property relations. The Labour Code guarantees not only equal pay, but equal labour rights. Women are furthermore granted privileges: those who have children under eight years of age or who

are pregnant are entitled to additional paid leave and preferential working conditions. Women with children aged 1 to 8 years cannot be sent on assignment or employed in overtime work unless they themselves agree thereto.

135. Under article 7 of the Criminal Code, when a pregnant woman who has committed an offence is being sentenced, her pregnancy is regarded as an extenuating circumstance. Under article 22, paragraph 2, the death penalty cannot be imposed on women who are pregnant at the time when sentence is passed. Various articles of this legislation prohibit bigamy and polygamy, the forcing of women to have an abortion and the selling of women into marriage. Under articles 80 and 81 of the Corrective Labour Code, it is forbidden to place women in straitjackets or to use weapons in the event of their escape from a place of detention.

136. Following the declaration of independence the Armenian Parliament took a Decision on Priority Measures to Protect Women, Mothers and Children and to Strengthen the Family, which affords a number of privileges for women with children:

Certain types of work not to be performed by women;

Restriction of night work;

Facilities for women in organizations and enterprises making extensive use of female labour;

Prohibition of night work, overtime work, work on days off and assignments for women with children aged 3-8 years;

Breaks during working hours for nursing mothers to feed their children;

Prohibition of dismissal from employment or transfer to lower-paid duties or work without the woman's consent;

Entitlement of working women to pre- and post-natal paid leave as follows: 140 days (70 calendar days before and 70 after giving birth), with an additional 15 days in the event of a difficult delivery, and 40 days for the birth of twins;

Allowance after pre- and post-natal leave for care of children up to the age of two years. Thereafter, the woman may request unpaid leave for a further year, without loss of seniority, until the child is three years of age;

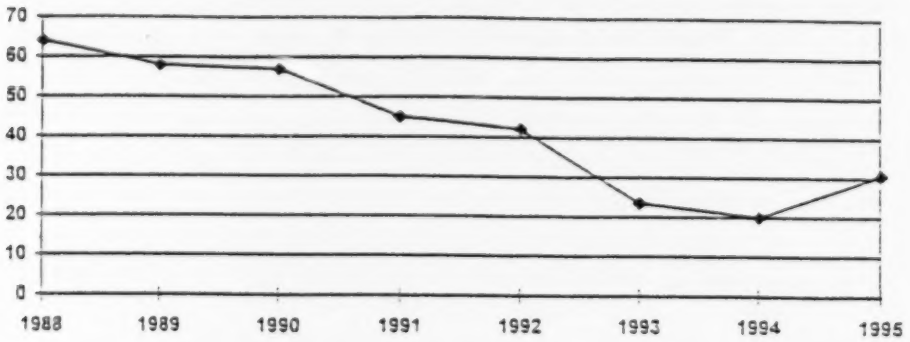
Restriction of overtime work and assignments for women with children under eight years of age.

137. The socio-economic crisis experienced by the Republic of Armenia in recent years has led to an unvaried diet. The constantly rising food prices in the context of marketization make fully adequate nutrition of expectant mothers, recently confined women and infants impossible. A diet consisting largely of carbohydrates provides energy but does not meet the formative needs of the organism, which are very important for foetal growth and development.

The unbalanced food intake of infants leads to chronic disorders, vitamin deficiency, allergies, enteric infections and non-infectious illnesses. A varied diet, including breastfeeding during the first four to six months, is obviously very important for infant health in the period following birth.

138. There has been a decline in the proportion of children being breastfed in recent years in the Republic of Armenia - a decline which, especially after the 1988 earthquake, became catastrophic. The proportion of children being breastfed during the first four months of life decreased more than threefold between 1988 and 1994 (64 per cent in 1988; 32 per cent in 1992), averaging 23 per cent in 1993, 20 per cent in 1994 and 30.6 per cent in 1995.

Figure 5. Breastfeeding in Armenia 1988-1995



Source: Ministry of Health.

139. Since 1994 Armenia has been implementing a programme to encourage breastfeeding. As a result, the proportion of breastfed infants under four months rose to 30.6 per cent in 1995. The data on anaemia in early or late pregnancy reflect the present situation very clearly. The statistics on anaemia cases are derived mainly from information supplied by prenatal clinics and maternity hospitals.

Table 11. Anaemia in pregnancy

Year	Percentage according to women's health clinics (early anaemia)	Figure from maternity hospitals per 1,000 births (late anaemia)
1980	1.1	8.4
1985	1.3	9.5
1990	2.6	13.8
1992	4.5	45.6
1993	6.5	65.5
1994	7.3	73.1
1995	10.4	10.3

140. It can be seen from the table that anaemia in early or late pregnancy has increased more than tenfold compared with the 1980s. This phenomenon is attributable to the reduced intake of proteins and iron, for which there is a greater demand during pregnancy than the resources of the woman's organism can usually supply in sufficient quantities. It is known that the iron requirement sometimes cannot be satisfied even on a fully adequate diet. The problem is being exacerbated by the fact that, in the present crisis situation, the diet of pregnant women is much poorer in vitamins; this phenomenon accounts in large part for the greater number of cases of anaemia in the early and late stages of pregnancy. A programme has been implemented under UNICEF auspices since 1994 to distribute vitamins and iron supplements to all pregnant women through the prenatal clinics.

141. It is known that an inadequate intake of vitamins and minerals, especially during pregnancy, leads to a higher proportion of underweight babies and to higher morbidity and mortality rates. The indicators concerning prematurity and underweight also provide evidence of this phenomenon. The premature birth rate, for example, was 56.5 per cent in 1991, 62.8 per cent in 1992 (75.3 per cent in Erevan), 63.5 per cent in 1993, 58.3 per cent in 1994 and 6.2 per cent in 1995 (per 1,000 newborns). The proportion of babies with low birth weight (2.5 kilograms or less) was 7 per cent in 1992, 7.8 per cent in 1993, 7.2 per cent in 1994 and 8 per cent in 1995. Although this indicator is not above 10 per cent (the international target set for the year 2000), the trends of the last few years indicate the priority nature of this problem. Official statistical data on under-five nutrition are not recorded.

142. Since May 1993 the National Health Institute of the Armenian Ministry of Health, together with the United States Center for Disease Control, has been conducting studies on the nutritional status of children aged 3 to 59 months in 8 children's clinics. Data on the weight, age and height of the children have been collected by random sampling of children attending these clinics. The data provide weight-for-height, weight-for-age and height-for-age ratios, so indicating the nutritional status of the sample population as compared with the standard population.

143. The results of studies over a two-year period suggest that there is virtually no obvious malnutrition in the groups studied. However, the children are clearly developing more slowly, presumably because of the country's serious socio-economic situation and the unbalanced and low-quality diet and lack of vitamins. The results, of course, are not definitive; nor are the conclusions unambiguous. The unvaried and largely carbohydrate-based diet of the last few years may lead to an increase in body weight over the short term; however, protein, micronutrient and vitamin deficiencies, while not as yet influencing growth rates, may be adversely affecting children's health and the adaptability of the organism, with longer-term implications. Such studies also need to be conducted among children in rural areas, as the continuous monitoring and analysis covered only under-fives in Erevan. In rural areas, the disaster zone and border districts, where the socio-economic situation is worse, the picture may be more unfavourable.

144. As shown by the statistical analysis, a major task in the present crisis situation is to supply the minimum nutritional needs of small children, pregnant women and nursing mothers. However, imports of children's food by the State have declined sharply in the last five years. From 795 tons in 1990 they dropped to 285 tons in 1991, 6 tons in 1992 and nil in 1993. By 1996 that trend had been reversed through humanitarian aid.

145. In 1994-1995, with the help of the United States Government, the Armenian Ministry of Health implemented a humanitarian assistance programme to supply food for pregnant women, nursing mothers and under-five-year-olds. Some 9,000 tons of products were delivered to Armenia, making it possible to supply 60-70 per cent of the target groups' overall demand for dairy and other products during the two-year period. Since 1996 efforts have been pursued through the Ministry of Social Welfare under the Paros programme. Food is being distributed to particularly needy persons.

146. Unreservedly giving priority to natural rather than synthetic foods, the Ministry of Health has adopted the new policy being implemented by international health organizations to encourage and support a natural diet, the objective of which is to encourage the use of natural foods in general and particularly to enhance the special role of maternity units in this area. Donor organizations have reduced deliveries of breastmilk substitutes to Armenia by 70 per cent; at the same time, the experience of the Republic of Armenia, like that of many other countries, illustrates the effectiveness of feeding programmes for especially vulnerable groups and the need to expand and consistently apply such programmes. In the case in question, it is essential to switch from humanitarian aid to State import of children's foods.

147. The Republic of Armenia has a high level of literacy. According to the 1989 census, the literacy rate in the 9-49 age group is 99.9 per cent, thus allowing for a satisfactory level of accessibility, use and comprehension of health information in society. Today, as for many years in the past, health information is supplied to the public from two main sources: the health education bodies established within the Ministry of Health system, and secondary schools within the educational system. The capacity of both is limited. In neither system does the information provided on health and hygiene meet today's requirements. Medical and hygiene instruction for pupils in schools is given together with teaching of the natural sciences, mainly biology, and is not of the requisite quality.

148. A number of studies by the National Health Institute have found that school-leavers are completely ignorant of elementary medical and hygiene matters. The information vacuum is filled with the help of informal sources (friends, video films, science fiction, etc.). This information is interpreted without assistance and often incorrectly, the main danger being that it may eventually become deep-rooted and manifested in action.

149. The Ministry of Health, together with the Ministry of Science and Education, is currently drawing up new guidelines on health education, calling for the establishment of an integrated system of medical instruction for various age and social groups and the development and introduction of medical education and multi-level teaching programmes on basic health. Article 7 of the Medical Assistance and Services Act states:

"Everyone has the right to information in accessible form concerning his health, the results of the development of illness, its diagnosis and methods of treatment, the risks of and possible options for medical intervention, and the effects and results of treatment."

150. An analysis of the situation regarding population growth points to the need for fertility regulation. Studies made in Erevan in 1989-1991 (M. Khachikyan, 1991) show that artificial termination of regnancy is still the basic means of fertility regulation. The main reason for this social behaviour is the unsatisfactory standard of family planning services, contraceptive agents and general health education. The data provided on the previous question have been confirmed by sociological studies conducted recently in Erevan (G. Pogosyan, 1994). The survey covered 1,000 Armenian women aged under 50. Fourteen per cent of the women said that family planning services were inaccessible because they were a long way from their places of residence, and 84 per cent were unaware that such services existed. Of 450 women surveyed, 9 per cent had never used contraceptives because of insufficient knowledge about fertility regulation and fear of the consequences.

151. The Armenian people have a thousand-year history and rich traditions. Although Armenia occupied only eighth or ninth place among the former Soviet republics in terms of the main indicators of socio-economic development, that ranking conceals some very important facts - greater social stability than in other republics and low incidences of divorce, illegitimacy, juvenile crime, suicide or self-mutilation, and alcoholism. Thus, according to 1990 data, the number of juvenile offences in 1989 was the lowest of any of the 15 republics and a twentieth of the figure for Russia. The proportion of children born out of wedlock - 8 per cent in 1989 - was also lower than in Russia (14 per cent), Estonia (25 per cent) or Ukraine (11 per cent). These figures are more favourable than for France (30 per cent), the United Kingdom (28 per cent) and Denmark or Sweden (46 per cent). The suicide and self-mutilation rate is very low and represents one eighth of the figure for Russia. The child receives care and attention in the Armenian family. It may be stated unequivocally that the practice of traditional customs that adversely affect children's health is not a characteristic of the Armenian people.

152. The Ministry of Health is cooperating with a number of international organizations to accomplish the goals referred to in the relevant article:

(i) World Health Organization (WHO) Regional Office for Europe: Programmes on breastfeeding, diarrhoeal diseases, acute respiratory infections and reproductive health are being implemented within the framework of this cooperation;

A letter of intent has been signed with the WHO Regional Office for Europe on dealing with basic problems relating to maternal and child health;

(ii) Cooperation with the United Nations Children's Fund (UNICEF), which is providing extensive assistance for all integrated programmes - encouragement of breastfeeding, immunization, control of acute diarrhoeal diseases, supply of drugs, etc.;

(iii) An agreement has been signed with the United States Agency for International Development (USAID) on cooperation to tackle major issues and provide assistance in programme-related matters;

(iv) Work is being carried out with the United Nations Population Fund (UNFPA) to devise and institute a nationwide reproductive health programme;

(v) Evaluation activities are being carried out with the Food and Agriculture Organization of the United Nations (FAO) in the framework of a programme for under-fives, pregnant women and nursing mothers;

(vi) A reconstructive surgery for newborns programme and a perinatal medical care programme are being implemented in cooperation with the Italian University Union (IGU);

(vii) A programme to improve the conditions of everyday life of children deprived of parental care and orphans has been implemented with Médecins sans frontières;

(viii) A drug supply programme has been implemented with Pharmaciens sans frontières;

(ix) Work is being carried out with the International Federation of Red Cross and Red Crescent Societies (IFRC) to develop and institute programmes to control respiratory and diarrhoeal diseases;

(x) Programmes on sexual health and family planning and on sexually transmitted diseases are being implemented with the United Methodist Committee on Relief (UMCOR, United States);

(xi) Child nutrition and vitaminization programmes are being implemented with the Armenian Relief Fund (United States);

(xii) A children's cardio-surgery programme and a programme for weak children are being implemented with the Medical Outreach in Armenia organization (United States);

(xiii) A drug supply programme is being implemented with the American Red Cross (ARC);

(xiv) Direct Aid to Armenia (Belgium), International Association of Nephrologists (Switzerland) - cooperation under a paediatric uronephrology and surgery programme;

(xv) Armenian-French Medical Union (UMAF), Marseilles. A centre for in vitro fertilization has opened in the perinatal, obstetric and gynaecological centre with the cooperation of this organization. An endoscopic surgery programme (retraining of staff, practical medical care, supply of equipment) is being set up;

(xvi) Hope (United States). A child rehabilitation programme employing local physicians has been implemented;

(xvii) Howard Karagesian Association (United States) - an office has been opened in Erevan. A child stomatology programme is being implemented;

(xviii) Aznavour Arménie (France) - children's homes, child feeding programmes;

(xix) Armenian relief union (United States) - creation of a prenatal care centre, programme of assistance in the supply of medicaments;

(xx) Patmos programme (Finland) and Cooperation with Armenia (Germany);

(xix) AID-Armenia: the United Kingdom is implementing a programme for deaf children.

153. Under article 8 of the Rights of the Child Act, every child has the right to enjoyment of the necessary conditions for his full physical, mental and spiritual development. Primary responsibility for providing these conditions lies with the parents or other legal representatives. Where the parents or other legal representatives are not in a position to create such conditions, the necessary assistance is provided by the State. Where arrangements cannot be made for the care and upbringing of the child in another family, the State and its relevant organs place the child in a children's home or boarding school.

154. Children without parents are awarded a pension under the procedure established by Armenian legislation. Relations similar to those in a family are created in children's homes and boarding schools for the full physical, mental and intellectual development of the child and his independence. Protection of the legal rights and interests of parentless children, and the provision for them of housing, social insurance and employment are all part of the responsibility of the officials of these institutions and of the mayoral offices.

155. Under article 19 of the Rights of the Child Act, every child has the right to an occupation and to engage in work not prohibited by law, in accordance with his age, state of health and capacities. A contract of employment may be concluded with a child as from the age of 16 years, or 15 years in exceptional cases. Children have special rights regarding work, as Armenian law makes clear. Children may not be sold alcoholic beverages or cigarettes or be involved in their production or consumption; nor may they perform any work that might damage their health or physical or mental development or interfere with their education.

156. Under article 9 of the Rights of the Child Act, the State and its relevant organs are required to protect children against all forms of violence, exploitation or involvement in criminal activities, including the consumption, production or sale of narcotics, begging, prostitution, gambling or any other infringement of their rights and interests. No statistics are

available on the consumption of narcotic drugs and psychotropic substances. Considering the traditional stability in this sphere, it may be assumed that this is not a social problem. There are some data on narcomania and toxicomania. According to the Republic's narcology centre, the trends in narcomania and toxicomania are as follows:

Table 12. Narcomania and Toxicomania (excluding women)

	Narcomania		Toxicomania	
	Number	per 1,000,000	Number	per 1,000,000
1980	366	11.7	8	0.3
1985	368	10.9	8	0.3
1987	209	6.1	8	0.2
1988	216	6.3	9	0.3
1990	209	6.1	13	0.3
1991	218	6.6	17	0.5
1992	217	6.6	14	0.4
1993	163	5.0	12	0.4

157. The table shows a downward trend in reported cases. Narcomania and alcoholism statistics for the Republic of Armenia are the lowest among the former republics of the USSR. The number of cases of narcomania per 100,000 inhabitants in 1990 was 10 (in Turkmenistan, for example, it was 18.1). However, these data do not reflect the real situation. According to expert estimates, narcomania among 25 to 30-year-olds is higher than the figures provided. Here are a few indicative figures:

Narcotics-related emergency calls: 9 in 1988, 48 in 1994;

Number of deaths in toxicology divisions resulting from narcotics abuse: 3 cases in 1988, 32 in 1994.

These statistics mainly relate to the juvenile age group.

158. Under article 9 of the Rights of the Child Act, every child has the right to protection against any form of violence (physical, mental, etc.). It is forbidden for anyone, including parents or other legal representatives, to subject a child to violence, punishment or any other humiliating treatment. In the event of the violation of rights or legal interests, the perpetrator bears responsibility under the terms of Armenian legislation.

159. There are no data on sexual deviance. Considering the stability of the family in Armenia and the careful attention given to such matters in the family, sexual deviance is assumed not to be a social problem. In general,

however, study of the problem of amoral behaviour is complicated by the lack of clear criteria for defining such behaviour. An unofficial view is that, as social strains increase, a growing number of young women are engaging in prostitution. The Armenian internal affairs authorities have recently set up departments to combat prostitution and drug abuse. The Criminal Code provides appropriate punishment for the involvement of juveniles in prostitution and for the maintenance of brothels. Although prostitution is not punishable under those same laws, people have always been condemned by society for amoral behaviour.